

FVRC SERVICE REQUEST FORM

Instructions:

1) Kindly complete the form accordingly:

Package A – Complete Sections	I	II	III	IV	V
Package B – Complete Sections	I	II	III	IV	V
Package C – Complete Sections	I		III	IV	V

- 2) Submit completed form to Muis by email to no less than 14 working days before the cleansing / food verification request date.
- 3) Payment to be made at least five (5) working days before the event date (e-invoice requesting company is exempted)



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SECTION I MANDATORY COMPLETION FOR PACKAGE A, PACKAGE B & PACKAGE C

SECTION I (Mandatory for ALL Packages)

Select (X) whichever is applicable.

	PACKAGE A (Ritual Cleansing & Food Verification Services) SGD 1,350.00	For Office Use Only JO No: SR
	PACKAGE B ⁺ (Ritual Cleansing Service Only) SGD 250.00 per hour/part thereof	Date Received:
]		Received by:
1	PACKAGE C [†]	
	(Food Verification Service Only) SGD 200.00 per hour/part thereof	□ email □ Hand □ Post
All prices quoted above are <u>exclusive</u> of <u>prevailing GST</u> . Prices are subject to change without prior notice.		Processing Officer:
	* PACKAGE B & C ARE MUTUALLY EXCLUSIVE	

PLEASE COMPLETE	Event Start Date:	Event End Date:
ALL FIELDS BELOW		

INSTRUCTIONS TO COMPLETE THE FORM

SCENARIO 1:

- 1. If you are requesting the FVRC Halal Services for your own event or on behalf of your organisation, please complete the section on APPLICANT DETAILS and SKIP the section on CLIENT DETAILS.
- 2. Please complete your personal or organisation's billing details in the BILLING DETAILS section.

SCENARIO 2:

- 1. If you are requesting the FVRC Halal Services on behalf of your client, please complete the APPLICANT DETAILS section with your organization details and complete the CLIENT DETAILS section with the details of your client.
- 2. If you would like the charges billed to your client, please complete your client's billing details in the BILLING DETAILS section.
- 3. Please provide proof that you / your organization has been appointed to request for FVRC Halal Services on behalf of your client.
- 4. Regardless of the billing details, the applicant will be held responsible for non-receipt of payment.

SECTION I (CONTD)	(Mandatory for A	ALL Packa	ges)	
APPLICANT DETAILS				
Applicant Name CLICK HERE TO ENTER TEX	Т	Designation	n E to enter	
Company Name		CLICKTILK	. TO LIVILIS	TILATI.
Company Address CLICK HERE TO ENTER TEX		email Add		TEXT.
Mobile No. CLICK HERE TO ENTER TEXT	Office No. CLICK HERE TO ENT	ER TEXT.	Fax No. CLICK HEI TEXT.	RE TO ENTER
CLIENT DETAILS SAME A	S ABOVE		YES	□ NO *
If 'No' please complete this s	ection on Client Details be	low, if 'Yes' pr	oceed to ne	xt Section.
CLIENT DETAILS				
Client Name CLICK HERE TO ENTER TEX	T.	Designatio Click here to	n o enter tex	t.
Client Company Name	Т.			
Client Company Address	T.	Client ema		TEXT.
Client Mobile No. CLICK HERE TO ENTER TEXT.	Client Office No.	ER TEXT.	Client Fax	x No. RE TO ENTER
BILLING DETAILS#				
Company Name	Т.			
Attention To: CLICK HERE TO ENTER TEX	Т.			
Company Address CLICK HERE TO ENTER TEX	T.		Office No	RE TO ENTER
email Address CLICK HERE TO ENTER TEX	т.		Fax No.	RE TO ENTER

PAYMENT DATE:		
☐ IB GIRO TRANSACTION REF:	l	
SECTION I (CONTD)	(Mandatory for	ALL Packages)
DETAILS OF EVENT		
Name of Event CLICK HERE TO ENTER TEX	ΥТ.	
Event Start Date:	Even	t End Date:
	ate. CLICH	
Event Start Time:	Even	t End Time:
	T. CLICH	
•	•	
No. of Guests requiring F	Package: CHOOSE AN	No. of Guests attending the event CLICK HERE TO ENTER TEXT.
No. of Guests requiring F	Package: CHOOSE AN	No. of Guests attending the event
No. of Guests requiring F ITEM.* CLICK HERE TO ENTER TEX Steward / Banquet Mana CLICK HERE TO ENTER TEX	Package: CHOOSE AN T. Iger Name T. Iger email	No. of Guests attending the event CLICK HERE TO ENTER TEXT. Requested Date of Cleansing* CLICK HERE TO ENTER A DATE.
Steward / Banquet Mana CLICK HERE TO ENTER TEX Steward / Banquet Mana	Package: CHOOSE AN T. Iger Name T. Iger email	No. of Guests attending the event CLICK HERE TO ENTER TEXT. Requested Date of Cleansing* CLICK HERE TO ENTER A DATE. Steward / Banquet Manager Hp. No.
No. of Guests requiring FITTEM.* CLICK HERE TO ENTER TEX Steward / Banquet Mana CLICK HERE TO ENTER TEX Steward / Banquet Mana CLICK HERE TO ENTER TEX	Package: CHOOSE AN T. Iger Name T. Iger email	No. of Guests attending the event CLICK HERE TO ENTER TEXT. Requested Date of Cleansing* CLICK HERE TO ENTER A DATE. Steward / Banquet Manager Hp. No. CLICK HERE TO ENTER TEXT.

- * Specify all kitchen names that will be used to prepare the food for the requested event and the respective locations of the kitchen(s)
- + Please select the requested package
- # Requested date of cleansing is subject to our contractor's schedule

SECTION I (CONTD) (Mandatory for ALL Packages)

PARTICULARS OF <u>MUSLIM PERSONNEL</u> WORKING AT THE LOCATION OF EVENT / FOOD PREPARATION AREA

	Name	Designation	Hp No.	Working Hours
1.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
2.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
3.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
4.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
5.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
6.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.

SECTION II MANDATORY COMPLETION FOR PACKAGE A & PACKAGE B

SECTION II (Mandatory for Packages A & B ONLY)

PARTICULARS OF ITEMS TO BE RITUALLY CLEANSED

S/N	Item	Quantity	Remarks
1	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
2	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
3	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
4	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
5	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
6	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
7	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
8	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
9	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
10	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
11	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
12	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
13	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
14	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
15	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
16	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
17	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
18	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
19	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
20	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.

SECTION III MANDATORY COMPLETION FOR PACKAGE A, PACKAGE B & PACKAGE C

SECTION III (Mandatory for ALL Packages)				
Menu Type		Course Menu		Buffet
If Course Menu – number of courses				

NOTE: Scanned copy of the Menu card and Banquet Event Order shall be attached along with form. FORM WILL BE REJECTED WITHOUT THE MENU CARD AND BANQUET EVENT ORDER

S/N	MENU ITEM (to list out in the order reflected on the menu)	INGREDIENTS (for items prepared in-house)	MANUFACTURER'S NAME (as reflected on the halal certificate)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

S/N	MENU ITEM (to list out in the order reflected on the menu)	INGREDIENTS (for items prepared in-house)	MANUFACTURER'S NAME (as reflected on the halal certificate)
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
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27			
28			
29			
30			

SECTION IV MANDATORY COMPLETION BY PACKAGE A, PACKAGE B & PACKAGE C

TO BE COMPLETED BY APPLICANT

SECTION IV (Mandatory for ALL Packages)

CHECKLIST – TO BE COMPLETED BY THE APPLICANT

Please se	elect (X) what's appropriate:
	I/We have read, understood and shall comply with Muis Halal Certification Conditions
	I/We have completed the relevant sections of the form
	I/We have attached the Menu and Banquet Order form
	I/We do NOT have any outstanding payments exceeding 30 days payable to Muis for past applications made
	I/We are requesting this service for our event / on behalf of our own organization . We will be responsible for the payment
	I/We are requesting this service on behalf of our client . If the charges are not paid by the client, we will be responsible for the payment
	PLEASE COMPLETE ALL SECTIONS.
	S RESERVES THE RIGHT TO REJECT THIS APPLICATION IF ANY OF THE ABOVE S NOT FULFILLED OR ANY SECTIONS OF THE APPLICATION ARE LEFT OUT.
DECLAR	ATION – TO BE COMPLETED BY THE APPLICANT
1.	I/We hereby agree to and shall abide by Muis Halal Certification Conditions.
2.	All the above information supplied by me/us and supporting documents, to the best of my/our knowledge and belief, is true. I/we have not wilfully suppressed any material facts related to this application. I/we understand that any false declaration or breach of Muis Halal Certification Conditions shall subject my/our application to being cancelled / rejected.
Name	
	Click here to enter text. Signature
Designat	Click here to enter text. Signature ion Click here to enter text.

SECTION V MANDATORY COMPLETION BY PACKAGE A, PACKAGE B & PACKAGE C

TO BE COMPLETED BY CLIENT (IF APPLICABLE)

SECTION V (Mandatory for ALL Packages)

	, ,
CHECKL	IST – TO BE COMPLETED BY THE CLIENT IF ANY:
Please se	elect (X) what's appropriate:
	I/We have read, understood and shall comply with Muis Halal Certification Conditions
	I/We/Our appointed Event Organiser have completed the relevant sections of the form
	I/We/Our appointed Event Organiser have attached the Menu and Banquet Order form
	I/We do NOT have any outstanding payments exceeding 30 days payable to Muis for past applications made
	I/We/our organisation is the billing entity responsible for the payment of the services requested
IS	PLEASE COMPLETE ALL SECTIONS. RESERVES THE RIGHT TO REJECT THIS APPLICATION IF ANY OF THE ABOVE NOT FULFILLED OR ANY SECTIONS OF THE APPLICATION ARE LEFT OUT.
DECLAR	ATION – TO BE COMPLETED BY THE CLIENT
1.	I/We hereby agree to and shall abide by Muis Halal Certification Conditions.
2.	All the above information supplied by me/us and supporting documents, to the best of my/our knowledge and belief, is true. I/we have not willfully suppressed any material facts related to this application. I/we understand that any false declaration or breach of Muis Halal Certification Conditions shall subject my/our application to being cancelled / rejected.
3.	I/We note and agree that as an applicant I/We will be fully and unconditionally responsible for any breaches of Muis Halal Certification Conditions committed by the venue owner and/or representatives.
Name	Click here to enter text. Signature
Designat	ion Click here to enter text.

Date